MARYWOOD CONVALESCENT CENTER

THINTWOOD CONVILEDCENT CENTE

1821 NORTH 4TH AVENUE

WAUSAU 54401 Phone: (715) 675-9451 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 90 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %							
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	43.0		
Supp. Home Care-Personal Care	No					1 - 4 Years	46.5		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.2	More Than 4 Years	10.5		
Day Services	No	Mental Illness (Org./Psy)	20.9	65 - 74	4.7				
Respite Care	Yes	Mental Illness (Other)	1.2	75 - 84	38.4		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.8	* * * * * * * * * * * * * * * * * * *	*****		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.0	Full-Time Equivalent			
Congregate Meals No		Cancer 3.5				Nursing Staff per 100 Resi			
Home Delivered Meals	No		3.5		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	54.7	65 & Over	98.8				
Transportation	No	Cerebrovascular	7.0			RNs	13.8		
Referral Service	No	Diabetes	3.5	Sex	용	LPNs	10.7		
Other Services	No	Respiratory	3.5			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	2.3	Male	16.3	Aides, & Orderlies	38.0		
Mentally Ill	No			Female	83.7				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0	[			

## Method of Reimbursement

		edicare			edicaid		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	10.0	170	0	0.0	0	0	0.0	0	1	1.2	
Skilled Care	9	100.0	256	66	98.5	117	0	0.0	0	9	90.0	158	0	0.0	0	0	0.0	0	84	97.7	
Intermediate				1	1.5	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	9	100.0		67	100.0		0	0.0		10	100.0		0	0.0		0	0.0		86	100.0	

MARYWOOD CONVALESCENT CENTER

*******	*****	******	*****	*****	*****	******	*****					
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
		l			% Needing		Total					
Percent Admissions from:		Activities of	8		sistance of	2	Number of					
Private Home/No Home Health			Independent	One	Or Two Staff	-1	Residents					
Private Home/With Home Health	7.5	Bathing	1.2		68.6	30.2	86					
Other Nursing Homes	0.6	Dressing	10.5		76.7	12.8	86					
Acute Care Hospitals	86.9	Transferring	23.3		60.5	16.3	86					
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.8		57.0	23.3	86					
Rehabilitation Hospitals	0.0	Eating	70.9		19.8	9.3	86					
Other Locations	5.0	******	*****	*****	*****	********	*****					
Total Number of Admissions	160	Continence		%	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.8	Receiving R	Respiratory Care	5.8					
Private Home/No Home Health	8.8	Occ/Freq. Incontinen	t of Bladder	44.2	Receiving T	racheostomy Care	0.0					
Private Home/With Home Health	15.0	Occ/Freq. Incontinen	t of Bowel	26.7	Receiving S	Suctioning	0.0					
Other Nursing Homes	1.9				Receiving C	stomy Care	1.2					
Acute Care Hospitals	42.5	Mobility			Receiving T	lube Feeding	1.2					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	5.8	Receiving M	Mechanically Altered Diets	29.1					
Rehabilitation Hospitals	0.0				_	_						
Other Locations	8.8	Skin Care			Other Residen	nt Characteristics						
Deaths	23.1	With Pressure Sores		5.8	Have Advanc	ce Directives	100.0					
Total Number of Discharges		With Rashes		4.7	Medications							
(Including Deaths)	160				Receiving P	Psychoactive Drugs	57.0					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

\*

***************************************											
	Ownership:				Size:		ensure:				
	This	Non	profit	50	-99	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	ଚ୍ଚ	olo	Ratio	용	Ratio	ଡ଼	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	95.6	87.5	1.09	87.1	1.10	85.3	1.12	85.1	1.12		
Current Residents from In-County	93.0	79.3	1.17	81.5	1.14	81.5	1.14	76.6	1.21		
Admissions from In-County, Still Residing	20.0	21.8	0.92	20.0	1.00	20.4	0.98	20.3	0.98		
Admissions/Average Daily Census	186.0	124.6	1.49	152.3	1.22	146.1	1.27	133.4	1.40		
Discharges/Average Daily Census	186.0	129.0	1.44	153.5	1.21	147.5	1.26	135.3	1.38		
Discharges To Private Residence/Average Daily Census	44.2	50.5	0.87	67.5	0.65	63.3	0.70	56.6	0.78		
Residents Receiving Skilled Care	98.8	94.7	1.04	93.1	1.06	92.4	1.07	86.3	1.15		
Residents Aged 65 and Older	98.8	96.2	1.03	95.1	1.04	92.0	1.07	87.7	1.13		
Title 19 (Medicaid) Funded Residents	77.9	56.7	1.37	58.7	1.33	63.6	1.22	67.5	1.15		
Private Pay Funded Residents	11.6	32.8	0.35	30.0	0.39	24.0	0.49	21.0	0.55		
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00		
Mentally Ill Residents	22.1	35.5	0.62	33.0	0.67	36.2	0.61	33.3	0.66		
General Medical Service Residents	2.3	23.8	0.10	23.2	0.10	22.5	0.10	20.5	0.11		
Impaired ADL (Mean)	47.0	50.4	0.93	47.7	0.99	49.3	0.95	49.3	0.95		
Psychological Problems	57.0	54.7	1.04	54.9	1.04	54.7	1.04	54.0	1.06		
Nursing Care Required (Mean)	6.0	6.9	0.86	6.2	0.96	6.7	0.88	7.2	0.83		